

<i>SERFF Tracking Number:</i>	<i>AFDL-125597023</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Fidelity Assurance Company</i>	<i>State Tracking Number:</i>	<i>38684</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Inpatient Services Optional Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: Inpatient Services Optional Rider      SERFF Tr Num: AFDL-125597023      State: ArkansasLH

TOI: H21 Health - Other	SERFF Status: Closed	State Tr Num: 38684
Sub-TOI: H21.000 Health - Other	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Sue Joslyn	Disposition Date: 04/21/2008
	Date Submitted: 04/10/2008	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Form is concurrently being filed in a number of states, including our state of domicile.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 04/21/2008	
State Status Changed: 04/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Form AMD-8248 is new and is not intended to replace any previously approved form. This rider is being filed for use with group policy forms G-501B, previously approved by your Department on 12-15-99, G-505.SA(AR), previously approved by your Department on 3-30-04, and G-513.SA(AR), previously approved by your Department on 7-25-05.

This rider provides an optional indemnity benefit which pays a lump sum payment for each day that a covered person

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receives physician visits while confined in a hospital and for each day that a covered person receives miscellaneous hospital services or supplies while confined in a hospital. The benefit is payable on an indemnity basis and not on an expense-incurred basis.

Variable material is reflected within the brackets, which includes the range of benefit amounts that may be elected.

## Company and Contact

### Filing Contact Information

Sue Joslyn, Compliance Analyst III  
5109 Ten Point Trail  
Wake Forest, NC 27587

sue.joslyn@af-group.com  
(919) 554-0686 [Phone]  
(919) 554-2513[FAX]

### Filing Company Information

American Fidelity Assurance Company  
2000 North Classen Blvd  
Oklahoma City, OK 73106  
(405) 523-2000 ext. [Phone]

CoCode: 60410  
Group Code:  
Group Name:  
FEIN Number: 73-0714500  
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State of Domicile: Oklahoma  
Company Type: LAH  
State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	Yes
Fee Explanation:	\$25.00/rider
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fidelity Assurance Company	\$25.00	04/10/2008	19428497

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/21/2008	04/21/2008

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## **Disposition**

Disposition Date: 04/21/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Inpatient Services Optional Rider	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: AMD-8248

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AMD-8248	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Inpatient Services Optional Rider	Initial		54	AMD-8248 (G-501B,G- 505SA,G- 513SA, inpatient services).pdf



2000 N. Classen Boulevard, Oklahoma City, Oklahoma 73106

Effective Date: \_\_\_\_\_  
(if different from Policy or Certificate)

### **INPATIENT SERVICES BENEFIT**

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

Section 3, Benefit Provision, is amended to add the following benefit:

#### **Inpatient Physician Visit Indemnity Benefit**

For each day that a Covered Person receives Physician visits while Confined in a Hospital, the Company will pay the Inpatient Physician Visit Indemnity Benefit. The Inpatient Physician Visit Indemnity Benefit will be a lump sum amount of [variable amounts of nil to \$500.00, in \$5.00 increments, for the Insured; and variable amounts of \$20.00 to \$500.00, in \$5.00 increments, for each covered Dependent], limited to one benefit per day. Additionally, this benefit is payable only for the same number of days that the Daily In-Hospital Indemnity Benefit is payable.

#### **Miscellaneous Hospital Services and Supplies Indemnity Benefit**

For each day that a Covered Person receives miscellaneous hospital services or supplies while Confined in a Hospital, the Company will pay the Miscellaneous Hospital Services and Supplies Indemnity Benefit. The Miscellaneous Hospital Services and Supplies Indemnity Benefit will be a lump sum amount of [variable amounts of nil to \$2,000.00, in \$25.00 increments, for the Insured; and variable amounts of \$50.00 to \$2,000.00, in \$25.00 increments, for each covered Dependent], limited to one benefit per day. Additionally, this benefit is payable only for the same number of days that the Daily In-Hospital Indemnity Benefit is payable.

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.

Secretary

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## **Rate Information**

Rate data does NOT apply to filing.



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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice Approved-Closed 04/21/2008  
**Comments:**  
Attached is the Readability Certification. Since this filing does not consist of a product filing, but rather a rider providing an optional benefit for a previously approved filing, the other legislation cited herein would not apply.  
**Attachment:**  
AK Readability Certification.dot

**Review Status:**  
**Bypassed -Name:** Application Approved-Closed 04/21/2008  
**Bypass Reason:** This filing consists of the filing of an optional benefit rider to be used with previously approved policy forms. Therefore, filing of any applicable applications would have been completed at the time the policy forms themselves were approved.  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Health - Actuarial Justification Approved-Closed 04/21/2008  
**Bypass Reason:** N/A - This is not an individual health product  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Outline of Coverage Approved-Closed 04/21/2008  
**Bypass Reason:** N/A - this is not an individual health product  
**Comments:**

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